

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000116107

FILED
Apr 29, 2005
Secretary of State

Entity Name: COMPLIANCE SPECIALISTS INTERNATIONAL, INC.

Current Principal Place of Business:

4100 NORTH POWERLINE ROAD
BLDG O SUITE 2
POMPANO BEACH, FL 33073

New Principal Place of Business:

4100 NORTH POWERLINE ROAD
BLDG Z SUITE 5
POMPANO BEACH, FL 33073

Current Mailing Address:

4100 NORTH POWERLINE ROAD
BLDG O SUITE 2
POMPANO BEACH, FL 33073

New Mailing Address:

4100 NORTH POWERLINE ROAD
BLDG Z SUITE 5
POMPANO BEACH, FL 33073

FEI Number: 65-1159763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOOL, TICKTIN & ASSOCIATES, PA
5295 TOWN CENTER RD., 3RD FLOOR
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WINIK, VICTOR
Address: 5030 CHAMPION BLVD, 6-432
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTOR WINIK

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04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date